### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

appropriate All further	correspondence inc ed below or directe	cluding the P.	atent, advance o	rders and notification of	maintenance fees	will be i	mailed to the current	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPOND	ny change of address)	Fee par	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
landiorio & Te 260 Bear Hill Ro Waltham, MA 0	oad	AUG 2 8	2008 I h	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
			Control of the contro		Joanne M	Ceccl	nini ,	(Depositor's name)
					Hanne	. M	leele	(Signature)
				۔ لے	) augu	st:	21,2008	(Date)
APPLICATION NO. FILING DATE				FIRST NAMED INVENTO	R	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/600,175	06/20/2	.003		Robert I. Rudko		1,	LE-204J	9703
TITLE OF INVENTION	: ENDOVASCULA	AR TISSUE R	EMOVAL DEV	ICE				
•					69/52/9	1008 MSE	EBREM2 60600090 1(	2600175
	·				01 FC:6			720.00 CP
APPLN, TYPE	SMALL ENTITY	r ISS	JE FEE DUE	PUBLICATION FEE DUE	PREV. PAID: ISS	JE FEE	TOTAL FEE(S) DUE	30 DOLE DUE
nonprovisional	YES	YES \$77		\$300	\$0		\$1020	11/03/2008
EXAMINER ART UNIT			RT UNIT	CLASS-SUBCLASS	7		,	
FARAH, AHMED M 3735				606-015000	<b></b>			
1. Change of correspond	ence address or indi	cation of "Fee	Address" (37	2. For printing on the	patent front page, l	ist	Iandio	orio Teska
CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE I	DATA TO BE	PRINTED ON	ΓΗΕ PATENT (print or ty	/pe)			
PLEASE NOTE: Uni recordation as set fort	less an assignee is h in 37 CFR 3.11.	identified bel Completion o	ow, no assignee f this form is NO	data will appear on the part of the part o	patent. If an assig assignment.	nee is id	lentified below, the do	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
F	PLC Medical	System	s, Inc.	Fran	klim, MA O	2038		
Please check the appropr	iate assignee catego	ory or categori	es (will not be pi	inted on the patent) :	Individual 🛛 (	Corporati	on or other private gro	oup entity Government
4a. The following fee(s)  Issue Fee	are submitted:		41	o. Payment of Fee(s): (Ple	ase first reapply a	ny prev	iously paid issue fee s	shown above)
Sinc Fee   Sinc Fee   No small entity discount permitted				Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies10				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>09-0002</u> (enclose an extra copy of this form).				
5. Change in Entity Sta			7 CFR 1.27.	b. Applicant is no lo	nger claiming SMA	ALL ENT	FITY status. See 37 CF	FR 1.27(g)(2).
	d Publication Fee (i	f required) w	Il not be accepte	d from anyone other than				e assignee or other party in
Authorized Signature	()	" Later Tates	it and Trademark	Office.	Date 8	121	12007	
Typed or printed nam	e Roy J	.cColem	an		Registration	No	48,863	
This collection of inform an application. Confiden	ation is required by	37 CFR 1.31 by 35 U.S.C.	1. The information 122 and 37 CFR	on is required to obtain or 1.14. This collection is es	retain a benefit by stimated to take 12	the publ minutes	ic which is to file (and to complete, including	by the USPTO to process) g gathering, preparing, and

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## IANDIORIO TESKA & COLEMAN

Joseph S. Iandiorio Kirk Teska Roy J. Coleman Thomas E. Thompkins, Jr. David W. Poirier Niall Casey

### INTELLECTUAL PROPERTY LAW ATTORNEYS

260 BEAR HILL ROAD WALTHAM, MASSACHUSETTS 02451-1018

Tel: (781)-890-5678 Fax: (781) 890-1150 e-mail: admin@iandiorio.com web: www.iandiorio.com

August 21, 2008

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SUBJECT:

Applicant:

Rudko et al.

Serial No.:

10/600,175

Filed:

June 20, 2003

Confirmation No.: 9703

ा वा

аў.

í.e

Date Mailed:

August 1, 2008

For:

ENDOVASCULAR TISSUE REMOVAL

**DEVICE** 

Examiner:

Farah, Ahmed M.

Group:

3735

Docket No:

LE-204J

Dear Sir:

Enclosed are the Fee Transmittal Form PTOL-85 and a check in the amount of \$1,050.00, including \$720.00 for the Issue Fee, \$300.00 for the Publication Fee, and \$30.00 for ten (10) copies of the issued patent.

If at any time it appears that a telephone conference with counsel would help advance prosecution, please telephone the undersigned or his associates, collect in Waltham, Massachusetts at (781) 890-5678.

If any payment during prosecution is found to be incorrect, please charge any deficiency or credit any overpayment to my Deposit Account No. 09-0002. A copy of this letter is enclosed for use by the Finance Branch in the event that it is necessary to make any charge or credit to my deposit account.

In addition, pursuant to Rule 1.136(a)(3), the office is hereby authorized to treat any future reply requiring an extension of time as incorporating a request therefor. Also, any request or Petition for an Extension of Time notwithstanding an inadvertent reference in the Petition to a shorter period of time is to be treated as requesting the appropriate length of time. 

Commissioner for Trademarks August 21, 2008 Page 2

Kindly acknowledge receipt of the foregoing by returning the enclosed self-addressed postcard.

Sincerely,

Roy J. Coleman Reg. No. 48,863

RJC/jmc Enclosures

### CERTIFICATE OF MAILING

Joanne M. Cecchini

# AUG 2 5 2008 Joseph

# IANDIORIO TESKA & COLEMAN

Joseph S. Iandiorio Kirk Teska Roy J. Coleman Thomas E. Thompkins, Jr. David W. Poirier Niall Casey

### INTELLECTUAL PROPERTY LAW ATTORNEYS

260 BEAR HILL ROAD WALTHAM, MASSACHUSETTS 02451-1018 Tel: (781)-890-5678 Fax: (781) 890-1150 e-mail: admin@iandiorio.com web: www.iandiorio.com

August 21, 2008

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SUBJECT:

Applicant:

Rudko et al.

Serial No.:

10/600,175

Filed:

June 20, 2003

Confirmation No.:

9703

Date Mailed:

August 1, 2008

For:

ENDOVASCULAR TISSUE REMOVAL

**DEVICE** 

Examiner:

Farah, Ahmed M.

Group:

3735

Docket No:

LE-204J

### Dear Sir:

Enclosed are the Fee Transmittal Form PTOL-85 and a check in the amount of \$1,050.00, including \$720.00 for the Issue Fee, \$300.00 for the Publication Fee, and \$30.00 for ten (10) copies of the issued patent.

If at any time it appears that a telephone conference with counsel would help advance prosecution, please telephone the undersigned or his associates, collect in Waltham, Massachusetts at (781) 890-5678.

If any payment during prosecution is found to be incorrect, please charge any deficiency or credit any overpayment to my Deposit Account No. 09-0002. A copy of this letter is enclosed for use by the Finance Branch in the event that it is necessary to make any charge or credit to my deposit account.

In addition, pursuant to Rule 1.136(a)(3), the office is hereby authorized to treat any future reply requiring an extension of time as incorporating a request therefor. Also, any request or Petition for an Extension of Time notwithstanding an inadvertent reference in the Petition to a shorter period of time is to be treated as requesting the appropriate length of time.

Commissioner for Trademarks August 21, 2008 Page 2

Kindly acknowledge receipt of the foregoing by returning the enclosed self-addressed postcard.

Sincerely,

Roy J. Coleman Reg. No. 48,863

RJC/jmc Enclosures

### CERTIFICATE OF MAILING

Joanne M. Cecchini